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THE ASSOCIATION
OF
TUBERCULOSIS CLINICS
OF THE
CITY OF NEW YORK

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1911

N 48

THE ASSOCIATION OF TUBERCULOSIS CLINICS
OF THE CITY OF NEW YORK

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The Association of Tuberculosis Clinics

THE ASSOCIATION OF TUBERCULOSIS CLINICS is the outgrowth of an experiment undertaken by the Committee on the Prevention of Tuberculosis of the New York Charity Organization Society to demonstrate the possibilities of effective home treatment of tuberculosis in New York City. The experiment was conducted by a special committee consisting of the chiefs of several of the tuberculosis clinics in the city and representatives of the Charity Organization Society. The close association of these chiefs of the tuberculosis clinics and the co-operation between them and the social and benevolent organizations in the city led, at the conclusion of the experiment in January, 1908, to the formation of a separate organization, composed of the representatives of nine special tuberculosis clinics, having as its purpose the further organization and development of tuberculosis clinics looking toward the ultimate dispensary control of the disease.

MEMBERSHIP.

Clinics eligible for membership in the Association must be provided with: (a) a separate class for tuberculosis cases; (b) a graduate nurse assigned to this class for the purpose of maintaining supervision over the homes of these tuberculosis cases; (c) a district within which the work of the class is limited for new cases.

Members are elected, and there are no dues.

The number of active members corresponds to the number of clinics in the Association, each active member being the representative of a particular clinic.

All physicians engaged in the treatment of tuberculosis, and representatives of all associations interested in tuberculosis work, are eligible for associate membership.

PURPOSES OF THE ASSOCIATION.

FIRST.—To organize dispensary control of pulmonary tuberculosis in New York City.

SECOND.—To develop a uniform system of operation of such dispensaries as are organized for this purpose.

THIRD.—To retain patients under observation until they are satisfactorily disposed of, and to prevent them drifting from one dispensary to another.

FOURTH.—To establish and maintain a district system of dispensary treatment.

FIFTH.—To facilitate the attendance of patients at the dispensary most convenient to their homes.

SIXTH.—To facilitate the work of visiting nurses in the homes of patients.

SEVENTH.—To provide for each patient requiring it, assistance by special funds or benevolent organizations, and proper hospital or sanatorium care.

EIGHTH.—To co-operate with, and assist as far as possible, the Department of Health in the supervision of pulmonary tuberculosis.

WHAT HAS ALREADY BEEN ACCOMPLISHED.

MEDICAL CARE AND HOME SUPERVISION COMBINED.

Twenty-two special clinics for the treatment of pulmonary tuberculosis have been established in Manhattan, The Bronx and Richmond. At each of these clinics facilities are provided to separate tuberculosis from other diseases and to treat these patients more carefully and skilfully than is possible in a general dispensary. Visiting nurses follow up the patients in their homes and thus insure the execution of the instruction and advice given at

the clinic. Other members of the family are seen and all suspicious cases are sent to the clinic for physical examination. Thorough and repeated instruction educates the patients and their families in the essentials of the prevention and treatment of tuberculosis. Assistance in the form of clothing, payment of rent, extra nourishment or general charitable relief is rendered either by special funds administered by the clinic nurse or through proper benevolent organizations. Hospital or sanatorium care is secured for those who need such treatment.

A DISTRICT PLAN AND ITS ADVANTAGES.

For more than two years a plan has been in operation by which the city has been apportioned by districts between the various tuberculosis clinics. Patients are required to attend the clinic in the district of their residence, and whenever application is made to the wrong clinic the patient is promptly referred to the clinic in the district in which he lives.

This scheme enables the visiting nurse to supervise the patients much more effectively by facilitating frequent visits, and insures treatment for the patient within convenient distance of his home. It thus makes for greater efficiency of service by an economy of time and energy. Theoretical objections to this district system have not materialized in practice.

CO-OPERATION BETWEEN THE VARIOUS CLINICS.

By means of the Association the various physicians have been brought closely together and much has been accomplished toward a harmonious and effective system of management of pulmonary tuberculosis. A remarkable unity of purpose, the satisfaction of better accomplishment and an enthusiasm for the future have resulted. Acquaintance and comparison have tended to the general adoption of approved methods of education, supervision, relief and treatment of patients.

CO-OPERATION WITH SOCIAL AND CHARITABLE ORGANIZATIONS.

Through its associate membership the Association endeavors to interest all the various organizations in the city which come in contact with this disease. Physicians thus widen their horizon in accordance with the comparatively recent recognition of the

large social factor concerned in the study of this, as well as many other diseases. Social workers, on the other hand, are assured of competent advice and a reliable medical basis for their work.

The following list of societies and institutions represented in the associate membership shows to what extent such co-operation has been secured:

Association for Improving the Condition of the Poor, American Red Cross, Bellevue and Allied Hospitals, Bellevue Hospital Auxiliary, Brooklyn Association of Tuberculosis Clinics, Charity Organization Society, Department of Education, Department of Health, Department of Public Charities, Federation of Catholic Charities, Federation of Churches, Gouverneur Hospital Auxiliary, Health Department Auxiliaries, Italian Benevolent Association, Loomis Sanatorium, New York Diet Kitchen Association, Nurses' Settlement, Nurses' Association, Otisville Sanatorium, Riverside Hospital, St. George's Tuberculosis Class, St. Joseph's Hospital, Societe Francaise de Bienfaisance, State Department of Labor, Society of St. Vincent de Paul, Stony Wold Sanatorium, Union Settlement, United Hebrew Charities, Vanderbilt Clinic Women's Auxiliary, Visiting Nurses' Association of Presbyterian Hospital, Women's Auxiliary of Morgagni Clinic, Women's Auxiliary of St. Bartholomew's Clinic and Women's Committee Civic Federation.

CO-OPERATION WITH GENERAL DISPENSARIES.

A complete canvass of all the dispensaries in the city has been made to ascertain their attitude toward the work of the Association. The results show a general approval of its methods and plans.

The method of co-operation proposed by the Association in its campaign to secure active affiliation with those dispensaries offered two alternatives:

Either, That the general dispensary establish a special tuberculosis clinic, with a visiting nurse, assume responsibility for a district and join the Association, subject to its rules and regulations;

Or, If this be not feasible, that the general dispensary decline to treat cases of pulmonary tuberculosis but refer such patients to the proper clinic of the district of their residence—maps and cards for this purpose to be furnished by the Association.

ESTABLISHMENT OF CHILDREN'S CLINICS.

Believing that the early recognition of tuberculosis in children, followed by careful observation and adequate treatment, is one of the strongest factors in the ultimate control and eradication of tuberculosis, the Association has strongly urged the establishment of special children's clinics in connection with the tuberculosis clinics for adults. Four of the dispensaries are now maintaining these special tuberculosis clinics for children.

FORMATION OF WOMEN'S AUXILIARIES.

Nine dispensaries have organized Women's Auxiliaries whose chief function is to make possible and thorough an efficient social service for the tuberculosis cases who are under the clinic care. Destitute cases are helped from a special fund. Assistance is given by paying rent, furnishing outfits, and if necessary paying carfares to and from sanatoria. Special diet is provided. When necessary, the work of the clinic is supplemented by paying the salaries of additional nurses and by contributing toward the expenses of the day camps.

ESTABLISHMENT OF DAY CAMPS.

Connected with five of the clinics are day camps for the use of incipient and moderately advanced tuberculosis cases who have the time and are willing to spend a certain part of the day in taking the rest cure in the open air but who are unable to leave the city. Three of these day camps are on ferry-boats. Another is on the roof of one of the dispensaries. Nurses are in immediate charge of the patients, and regular visits are made by physicians in attendance. In connection with these day camps there are conducted fresh air schools under the charge of teachers appointed by the Department of Education for those tuberculosis children who have been excluded from the public schools. Applicants for admission to the day camps are admitted through any of the clinics belonging to the Association.

Four of these day camps also make provision for caring for patients at night.

One clinic maintains in winter a special night camp.

ORGANIZATION OF NURSES ENGAGED IN CLINIC WORK.

A Nurses' Association of the Association of Tuberculosis Clinics has been organized, the object of which is to secure co-operation and promote uniformity of the nurses' work in connection with the tuberculosis dispensaries, and by regular monthly conferences to keep the nurses informed of the best methods by which such co-operation and uniformity may be secured.

In addition, by means of short talks by the heads of various philanthropic agencies, frequent opportunity is afforded for the nurses to become acquainted with the best methods of co-operating with the various relief agencies in the city.

SANITARY SUPERVISION OF CASES OF PULMONARY TUBERCULOSIS AT THEIR HOMES BY NURSES OF THE DEPARTMENT OF HEALTH.

All registered tuberculosis cases, except those in hospitals, sanatoria, or other institutions, or those under the care of a private physician, are supervised in their homes. Responsibility for this supervision is divided between the tuberculosis clinics and the Department of Health. All clinic cases are supervised by clinic nurses. All "at home" cases, that is, cases not regularly attending the clinic, not in an institution, or under a private physician's care, are under the immediate supervision of the Department of Health, and are visited at least once a month.

For the information of the members of the Association, a description is here given of the work of the district tuberculosis nurses of the Department of Health.

In each clinic district a staff of district nurses is maintained, charged with the sanitary supervision of cases of pulmonary tuberculosis in that district. These nurses report daily at the tuberculosis clinic of their district, and there receive all assignments. One nurse is detailed as "Captain" of the district, and acts as the official intermediary between the tuberculosis clinic and the Department of Health. Each morning she telephones to the Department of Health the daily report of the clinic, and receives in the same manner all information received at the

Department of Health during the preceding twenty-four hours regarding all cases of tuberculosis in the district. This latter information is at once reported to the tuberculosis clinic.

In case of death or removal of tuberculosis patients, the district nurses order the necessary disinfection of the premises and bedding; they make arrangements for the admission of advanced cases to hospitals and incipient cases to sanatoria; they investigate all complaints made by citizens, see that the sanitary regulations of the Department of Health regarding the care of expectoration are observed, and use their authority to induce "delinquent" cases to resume attendance at the clinic; they visit the families of patients in hospital at stated intervals; and each nurse maintains a complete and correct index of all cases of pulmonary tuberculosis living in her district, which is at all times accessible to the nurses and physicians at the clinic. Every effort is made to secure complete and harmonious co-operation between the district nurses of the Department of Health and the tuberculosis clinics.

RULES OF THE ASSOCIATION.

I.—MAINTENANCE OF THE DISTRICT SYSTEM.

1.—Each applicant for admission, who has already been admitted to the dispensary of the district in which he or she lives, shall be refused admission to any other dispensary, and referred back to the dispensary of his or her district.

2.—Patients removing from one dispensary district to another shall be considered transferred cases.

All cases so transferred are at once reported through the district "Captain" to the Department of Health, which notifies the proper clinic by telephone within twenty-four hours. All such transferred cases are immediately visited by a Department of Health nurse and urged to attend the proper clinic; should they not do so within one week they are again visited for the same purpose, but are not re-visited by the Health Department nurse while they are in attendance at the proper clinic. (See Rule VI, Sec. B.)

Where patients have been under observation at the original clinic for some time, the results of diagnostic tuberculin tests, sputum test and temperature, pulse and weight observations and a brief description of the location of lesion are to be forwarded by mail to the proper clinic on a special card for that purpose.

3.—Each applicant who lives outside the district shall be examined, and if positive or suspicious, shall be transferred at once to the proper dispensary.

4.—Cards containing address and hours of the clinic to which the patient is being transferred shall be given to him, and a careful explanation made of the reason of the transfer.

EXCEPT: When by reason of employment certain hours of attendance are impossible, or in certain exceptional instances approved by the physician in charge of the dispensary, a patient may be treated in other than his proper district dispensary.

5.—Not later than one week after the first visit of every new or transferred tuberculous patient, the nurse of the clinic shall visit the patient.

EXCEPT: That dispensary patients who, in the judgment of the physician in charge, would suffer loss of position or other hardship by reason of the nurse's visit, may be reported to the Department of Health as private cases by the physician in charge who will assume all responsibility for such action, supervising the home conditions, and submitting monthly reports to the Department of Health, as required by law.

II.—“NOT FOUND” CASES.

Should the patient be not found, this fact shall be reported the following morning to the Department of Health “Captain” for the district, who will endeavor to obtain the correct address from the dispensary of original application, and will report the same to the clinic.

III.—LODGING-HOUSE CASES.

All cases (except those living in licensed lodging-houses) whom for any reason it is impossible for the clinic nurse to visit in their homes, shall be reported to the Department of Health, Division of Communicable Diseases, which will supervise these patients by its inspectors. Such cases, however, shall not be considered "delinquent" cases unless they fail to attend the dispensary, as provided in Section IV (A).

IV.—"DELINQUENT" CASES.

A. Each patient for any reason omitting to return to his or her proper dispensary for a period of one month (except while a resident in hospital, sanatoria or out of town) shall be reported to the Department of Health Captain as a "delinquent" case.

EXCEPT: When a case is well known and supervised by the visiting nurse, and for reasons sufficient and satisfactory to the physician in charge, cannot come regularly to a dispensary.

B. Should any patient, except those found to be under the care of private physicians, refuse for any reason to attend his or her proper dispensary, such patient shall then be considered a "delinquent" case.

C. Responsibility for "delinquent" cases will be assumed by the Department of Health, and all such cases, except those found to be under the care of physicians as private patients, will be kept under observation by a Department nurse, who will endeavor to secure the patient's return to his or her proper dispensary.

V.—APPLICANTS FOR HOSPITALS AND SANATORIA.

As far as possible, each patient shall be furnished with medical and other assistance, through the agencies of the dispensary district in which he or she lives.

All applicants for hospital or sanatorium care are to be referred to the Tuberculosis Hospital Admission Bureau at 426 First Avenue, Borough of Manhattan. Hours, 9 A. M. to 6 P. M. daily, except Sundays. Through this Bureau must pass all cases of tuberculosis admitted to Bellevue and Allied Hospitals (except emergency cases), the hospitals of the Department of Charities and the Department of Health, and Otisville and Ray Brook Sanatoria. (Including cases of forcible removal.)

Applications for admission to Riverside Hospital must be accompanied by a voucher that tubercle bacilli have been found in the sputum within at least two weeks of the date of application.

Otisville Sanatorium of the Department of Health, and the New York State Hospital for Incipient Tuberculosis at Ray Brook, are primarily for non-complicated first stage cases of pulmonary tuberculosis. Patients must be in favorable physical condition, of good character and disposition, and residents of New York City for at least one year; citizens of the United States are given preference over non-citizens. Patients are required to furnish a suitable outfit of clothing, etc. Every suitable case is to be referred to the Tuberculosis Hospital Admission Bureau, by means of the special reference cards (71 L) furnished for that purpose. These cards must be forwarded in duplicate, and must give the essential data regarding the case, at least two records of the temperature and pulse, and the results of examinations of sputum and urine. These cards are to be mailed to the Admission Bureau, at 426 First Avenue. When vacancies occur, the applicants are notified to call for final examination. If found to be suitable for admission, each case is placed upon the waiting list in the order of its original application at the clinic from which it was referred. Each patient after completion of the examination and observation required, shall return, pending action in his case, to the proper dispensary.

VI.—CO-OPERATION WITH THE DEPARTMENT OF HEALTH.

A. Each dispensary shall furnish daily to the Department of Health "Captain" the names and addresses of all new cases of tuberculosis diagnosed at its last session; all discharges for non-attendance or as cured; all cases transferred as not living in the clinic district; all changes of addresses within the district; and cases not found by the clinic nurses at the address given.

B. No case of tuberculosis reported as being under treatment is visited by Department of Health physicians or nurses, except for the following reasons: complaint made by citizens or inspectors; investigation as to exclusion from school; investigation as to suitability for discharge from Otisville Sanatorium or other institutions; and in cases of removal or death, in order that the necessary disinfection of the premises may be ordered.

C. Each dispensary shall endeavor in every possible way to assist in the prevention of tuberculosis, to conform to the requirements of the Department of Health, to properly manage and dispose of the patients coming under its observation, and to further the development of an adequate, efficient and uniform system for the care of pulmonary tuberculosis.

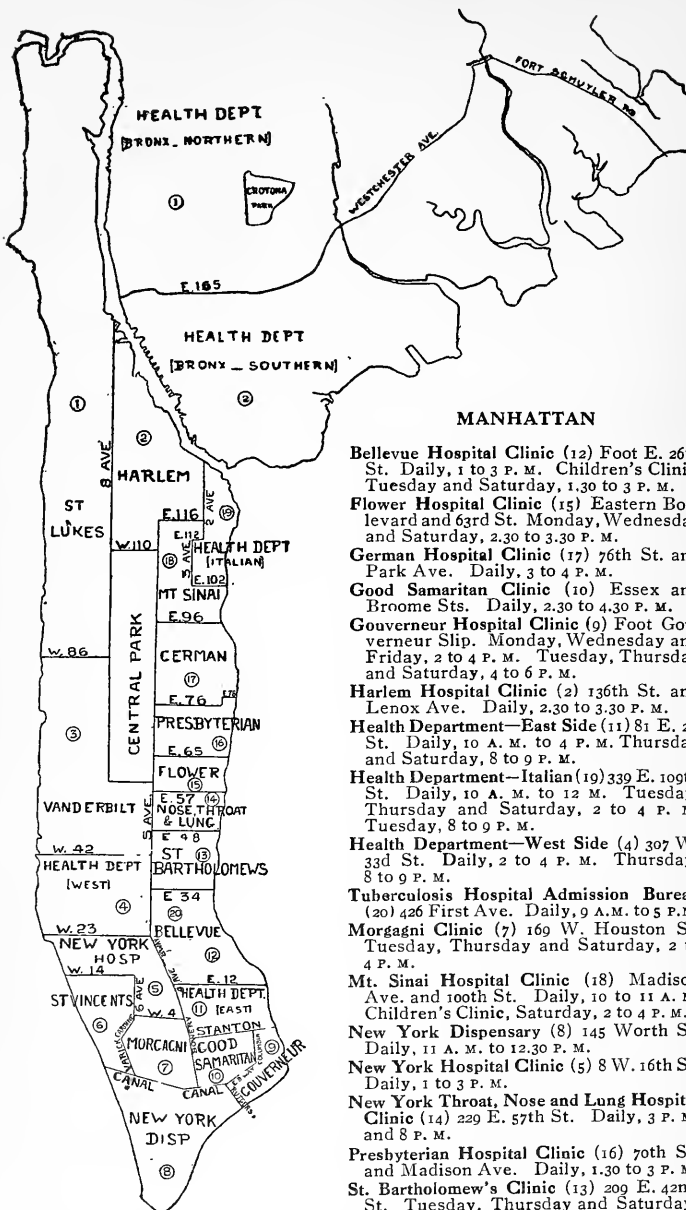
VII.—REPORTS TO THE ASSOCIATION.

Each dispensary shall furnish the office of the Association with such monthly reports of its work as may be required by the Association.

VIII.—CIRCULARS OF INFORMATION.

All information which is of general interest to the clinics belonging to the Association, and all rulings concerning the method of procedure recommended by the Association, shall be transmitted by the Executive Secretary to each clinic in the form of a Circular of Information, two copies being sent to each clinic, one to the physician-in-charge and a duplicate to the supervising nurse, who shall keep such circulars on file in a binder furnished for this purpose.

CLINICS AND DISTRICTS



- Bellevue Hospital Clinic (12)** Foot E. 26th St. Daily, 1 to 3 P. M. Children's Clinic, Tuesday and Saturday, 1.30 to 3 P. M.
- Flower Hospital Clinic (15)** Eastern Boulevard and 63rd St. Monday, Wednesday and Saturday, 2.30 to 3.30 P. M.
- German Hospital Clinic (17)** 76th St. and Park Ave. Daily, 3 to 4 P. M.
- Good Samaritan Clinic (10)** Essex and Broome Sts. Daily, 2.30 to 4.30 P. M.
- Gouverneur Hospital Clinic (9)** Foot Gouverneur Slip. Monday, Wednesday and Friday, 2 to 4 P. M. Tuesday, Thursday and Saturday, 4 to 6 P. M.
- Harlem Hospital Clinic (2)** 136th St. and Lenox Ave. Daily, 2.30 to 3.30 P. M.
- Health Department—East Side (11)** 81 E. 2d St. Daily, 10 A. M. to 4 P. M. Thursday and Saturday, 8 to 9 P. M.
- Health Department—Italian (19)** 339 E. 109th St. Daily, 10 A. M. to 12 M. Tuesday, Thursday and Saturday, 2 to 4 P. M. Tuesday, 8 to 9 P. M.
- Health Department—West Side (4)** 307 W. 33d St. Daily, 2 to 4 P. M. Thursday, 8 to 9 P. M.
- Tuberculosis Hospital Admission Bureau (20)** 426 First Ave. Daily, 9 A. M. to 5 P. M.
- Morgagni Clinic (7)** 169 W. Houston St. Tuesday, Thursday and Saturday, 2 to 4 P. M.
- Mt. Sinai Hospital Clinic (18)** Madison Ave. and 100th St. Daily, 10 to 11 A. M. Children's Clinic, Saturday, 2 to 4 P. M.
- New York Dispensary (8)** 145 Worth St. Daily, 11 A. M. to 12.30 P. M.
- New York Hospital Clinic (5)** 8 W. 16th St. Daily, 1 to 3 P. M.
- New York Throat, Nose and Lung Hospital Clinic (14)** 229 E. 57th St. Daily, 3 P. M. and 8 P. M.
- Presbyterian Hospital Clinic (16)** 70th St. and Madison Ave. Daily, 1.30 to 3 P. M.
- St. Bartholomew's Clinic (13)** 209 E. 42nd St. Tuesday, Thursday and Saturday, 2 to 4 P. M.

St. Luke's Hospital Clinic (1) Amsterdam Ave. and 113th St. Monday, Wednesday and Friday, 2 to 3 P. M.

St. Vincent's Hospital Clinic (6) 149 W. 11th St. Monday, Wednesday and Friday, 10 to 11 A. M.

Vanderbilt Clinic (3) Amsterdam Ave. and 60th St. Daily, 1 to 2.30 P. M. Monday, Wednesday and Friday, 9 to 10.30 A. M. Children's Clinic, Saturday, 2 P. M.

THE BRONX

Health Department—Northern (1) 3d Ave. and St. Paul's Pl. Daily, 2 to 4 P. M. Thursday, 8 to 9 P. M.

Health Department—Southern (2) 493 E. 139th St. Daily, 10 A. M. to 12 M. Tuesday, 8 to 9 P. M.

RICHMOND

Health Department, Bay Street, Stapleton, S. I. Tuesdays, Thursdays and Saturdays, 2 to 4 P. M.

NOTE:—All applicants should apply to the tuberculosis clinic of the district in which they live.



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